**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Spirit of Reforming America 641 Buenaventura Court ADDRESS (number and street) (Check if address is changed) Toms River 08753 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kimjason378@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.facebook.com/jasonchangkyu.kim.7 (Check if address is changed) DATE 2020 C00746487 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kim, Jason, Changkyu,, Type or Print Name of Treasurer Kim, Jason, Changkyu, , [Electronically Filed] 05 25 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC <b>F</b>	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF	COMMITTEE e Committee:	. 250 -
(a)	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Domogratio
(d) <b>x</b>	This committee is a NAT (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
4.		

FFC Form 1 (Davised	4 03/3000)	Daga 2
FEC Form 1 (Revised Write or Type Committee Nam		Page <b>3</b>
Spirit of Reform		
•	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	oadorchin DAC Spancor
-		
SPIRIT OF AMERICAN I	REFORM, THE COALITION FOR ELECTORAL REFORM. JAS	ON CHANGRYU KIM
Mailing Address	641 BUENAVENTURA COURT	
	TOMS RIVER NJ 08	8753
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person	in possession of committee
Kim, Jase	son, Changkyu, ,	
	641 Buenaventura Court	
Mailing Address		
	Toms River , NJ , O	8753
Title or Position	CITY STATE	ZIP CODE
Chief Treasurer	Telephone number	_ 503 _ 0403
3. <b>Treasurer:</b> List the name an any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	on, Changkyu, ,	ı
of Treasurer	641 Buenaventura Court	
Mailing Address	S. F. Sastaroniana Gourt	
		3753
Title or Position , Chief Treasurer	CITY STATE	ZIP CODE
	Telephone number	] - [

	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Kim, Jason, Changkyu, ,	
Mailing Address	641 Buenaventura Court	
	Toms River NJ 08753  CITY STATE Z	
Title or Position Presidential Car	idiat Telephone number 732 - 5	03 - 0403
Banks or Other safety deposit be Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds xes or maintains funds.  Depository, etc.  TD Bank	accounts, rents
Mailing Address	752 Fischer Blvd	
	Toms River NJ 08753	
	CITY STATE Z	ZIP CODE
Name of Bank, I		ZIP CODE
Name of Bank, I		ZIP CODE
Name of Bank, I	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address  Relationship: Connected Or esignated Agent: Identify by	641 Buenaventura Court  Toms River  Clarganization  Affiliated				number number number	087		
3. 4. Lame of Any Connected Organization of Relationship:  Relationship:  Connected Organization of Connected Organization	ganization, Affiliated Con  641 Buenaventura Court  Toms River  Clar  ganization Affiliated	mmittee, Joint	t Fundraisi	FEC ID  ing Repr	number	C C C C C C C C C C C C C C C C C C C	53	
4. Spirit of reform  Mailing Address  Relationship:  Connected Or  esignated Agent: Identify by	ganization, Affiliated Con  641 Buenaventura Court  Toms River  Clar  ganization Affiliated	mmittee, Joint	t Fundraisi	ing Repr	esentativ	e, or Lea	53	
Spirit of reform  Mailing Address  Relationship:  Connected Or  esignated Agent: Identify by	ganization, Affiliated Con  641 Buenaventura Court  Toms River  Clar  ganization Affiliated	mmittee, Joint	t Fundraisi	ing Repr	esentativ	e, or Lea	53	
spirit of reform  Mailing Address  Relationship:  Connected Or  esignated Agent: Identify by	641 Buenaventura Court  Toms River  Clarganization  Affiliated	TY <b>A</b>			NJ	087	53	
spirit of reform  Mailing Address  Relationship:  Connected Or  esignated Agent: Identify by	641 Buenaventura Court  Toms River  Clarganization  Affiliated	TY <b>A</b>			NJ	087	53	
Mailing Address  Relationship: Connected Or esignated Agent: Identify by	Toms River Clr ganization Affiliated		Joint Fur					
Mailing Address  Relationship: Connected Or esignated Agent: Identify by	Toms River Clr ganization Affiliated		Joint Fur					
Mailing Address  Relationship: Connected Or esignated Agent: Identify by	Toms River Clr ganization Affiliated		Joint Fur					
Relationship:  Connected Or esignated Agent: Identify by	Cl <sup>-</sup> ganization Affiliated		Joint Fu					
Relationship:  Connected Or  esignated Agent: Identify by	Cl <sup>-</sup> ganization Affiliated		Joint Fu					
Relationship:  Connected Or esignated Agent: Identify by	Cl <sup>-</sup> ganization Affiliated		Joint Fu					<u> </u>
Connected Or esignated Agent: Identify by	ganization Affiliated		Joint Fur		SIAIE		ZIP CODE	
esignated Agent: Identify by	_	Committee	Joint Fur			ative X		
Full Name								
Mailing Address								
L								
L								
TITLE OR POSITION ▼	CITY	<b>Y A</b>		S	TATE A		ZIP CODE A	k.
			Telep	hone Nu	mber _			
anks or Other Depositories afety deposit boxes or mainta	: List all banks or other on the country ins funds.	depositories in	which the	committe	ee deposi	ts funds, I	nolds accounts,	ren
epository, etc.								
Mailing Address								
		1 1 1 1 1 1					1 1 1 1 1	
L								

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b> i	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Jason Changkyu	Kim		
Mailing Address	641 Buenaventura Court		
	Toms River	NJ	08753
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
<b>x</b> Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
•	Organization, Affiliated Committee, Joint Fund	• .	e, or Leadership PAC Spor
COALITION FOR	DEMOCRAT: JASON CHANGKYU	KIM	
Martin Adding	641 BUENAVENTURA COURT		
Mailing Address			
	TOMORNER		00750
	TOMS RIVER	NJ NJ	08753
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
<b>X</b> Connected	Organization Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC S
acianated Agent, Identify	by name address (phone number entional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or maintenance.	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or material depositions are of Bank,	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or material depositions are of Bank,	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STATE ▲ Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	CITY A	STATE ▲ Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr		, or Leadership PAC Sponsor
	COALITION FOR	OPEN PATENT RELEASE, SPIRIT	OF AMERICA	
		I 641 BUENAVENTURA COURT		
	Mailing Address	041 BOLINAVENTONA COOKT		
		TOMS RIVER	NJ NJ	08753
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	<b>X</b> Connected	Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE A	
	Full Name   _   _   _    Mailing Address  TITLE OR POSITION	CITY   CITY   Te	STATE   STATE   Ilephone Number	ZIP CODE A
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY   CITY   Te	STATE A lephone Number the committee deposits	ZIP CODE ▲
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE ▲
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE ▲
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
SPIRIT OF REFO	ORMING AMERICA		
	1 641 BUENAVENTURA COURT		
Mailing Address	641 BUENAVENTURA COURT		
	TOMS RIVER	NJ NJ	08753
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
<b>X</b> Connecte	ed Organization Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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		] 12010	number	C
		FEC ID	number	С
		FEC ID	number	С
		FEC ID	number	С
	ated Committee, Joint Fr	undraising Repr	esentative	e, or Leadership PAC Spon
⁻Y; THE '_				
			1 1 1	
641 Ruonavantur	Court			
	Court			
Toms River			NJ	08753
	CITY A		STATE A	ZIP CODE ▲
by name, address	(phone number – optiona	<b>)</b>		
1				
			1 1	
		S	TATE A	ZIP CODE ▲
•				332
		Telephone Nu	mber	
	641 Buenaventura  Toms River  Organization  by name, address	641 Buenaventura Court  Toms River  CITY   Organization  Affiliated Committee  Oby name, address (phone number – optional	641 Buenaventura Court  Toms River  CITY   Granization Affiliated Committee Joint Fundraising  Toms by name, address (phone number – optional)	641 Buenaventura Court  Toms River  CITY A  STATE A  Organization  Affiliated Committee  Joint Fundraising Representation  by name, address (phone number – optional)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
KIM, JASON CHA	ANGKYU		
	641 BUENAVENTURA COURT		
Mailing Address			
	TOMS RIVER	NJ NJ	08753
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee Join	t Fundraising Represent	ative <b>X</b> Leadership PAC Sp
Connecte			ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee Join		ative Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee Join		ative Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee Join  fy by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee Join by name, address (phone number – optional)		Leadership PAC Sp
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esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	
Connected sesignated Agent: Identification of the Position Connected Sesignated	Affiliated Committee Join  fy by name, address (phone number – optional)  CITY   CITY   CITY   Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the connected agent and the connected agent and the connected agent	Affiliated Committee Join  fy by name, address (phone number – optional)  CITY   CITY   CITY   Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Join  fy by name, address (phone number – optional)  CITY   CITY   CITY   Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
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